## P96000096141

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## KARP & GENAUER PROFESSIONAL ASSOCIATION.

2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES, FLORIDA 33134 TELEPHONE: (305) 445-3545 FAX: (305) 461-3545

April 1, 2003

Department of State State of Florida Amendment Section 409 East Gaines Street Tallahassee, Florida 32399

Re:

Infustat, Inc. - Charter No. P96000096141 and Red-X Medical, Inc. - Charter No. P-99000003702 Our Reference No. 2192.01

## Ladies/Gentlemen:

Enclosed for filing are the following:

- (1) Statement of Change of Registered Office or Registered Agent or Both for Corporations, accompanying Transmittal and our check in the amount of \$35.00, representing the requisite filing fee for same for Infustat, Inc., including a copy of same; and
- (2) Statement of Change of Registered Office or Registered Agent or Both for Corporations, accompanying Transmittal and our check in the amount of \$35.00, representing the requisite filing fee for same for Red-X Medical, Inc., including a copy of same.

Please stamp the copy of each of these filings and return the same to me in the enclosed preaddressed, stamped envelope provided for your convenience. Should you have any questions in this matter, please do not hesitate to contact me.

:lk

**Enclosures** 

cc: Edwin Rivera

Linda C. Kerr Legal Assistant

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of se	ections 607.050.	2, 617.0	502, 607.150	8, or 617.150	08, Florida Statutes,
this statement o	f change is subm	itted for a corpo	oration o	rganized und	er the laws of	the State of
FLORID	<b>A</b> in order to	change its reg	gistered .	office or regi	stered agent,	or both, in the State
of Florida.		Tarre	TTOOM A MI	TNO		
1. The name of	the corporation:_	LNF	USTAT,	ING.	<u> </u>	2,
2. The principal	office address:_	6356 Manor	Lane,	Suite 105		<u></u>
		Miami, FL	33143	····	· · · · · · · · · · · · · · · · · · ·	
3. The mailing	address (if differe	nt):		<u>,,,</u>		<u> </u>
4. Date of incor	poration/qualification	ation: 11/20	/96	Docum	nent number:	P96000096141
5. The name an	d street address o rtment of State:					
	Albert Te	11echea				
	2445 SW 2	8th Street				
	Miami, Fl	. 33133				
6. The name as changed):	nd street address	of the new reg	gistered :	agent (if cha	nged) and /or	registered office (if
,	John Hugh	ies III, Esq	•			<u> </u>
	Bailey &	Dawes (P.O. Box or person	and mailleau	NOT accentable		
	3250 Mary	Street, Mi				
						fice of its registered
Such change w authorized by t	as authorized by he board or the	resolution duly forporation has		l by its board tified in writ <b>Albert Te</b> l		or by an officer so nge.
	r, chairman or vice chair			(Printed o	r typed name and ti	
\17 \ <i>i</i>	t the appointment to comply with the first duties, and if the first document of the firs		agent an f all stat ith and d filed me ration ho	d agree to acutes relative iccept the obrely to reflect is been notificated.	t in this capa to the proper ligation of my t a change in tell in writing (Date)	city. and complete position as the registered of this change.
If signing on beha	If of an entity:			-	(Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*